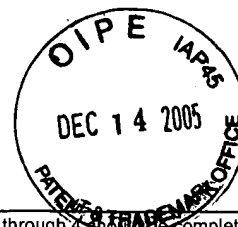


# **PART B - FEE(S) TRANSMITTAL**

Complete and mail this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE  
Commissioner for Patents  
P. O. Box 1450  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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22852 7590 08/24/2005

**FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, L.L.P.**

901 New York Avenue, NW

WASHINGTON, DC 20001-4413

12/15/2005 NBEYENE2 00000164 10722141

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(Depositor's name)

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(Date)

01 FC:1501	1400.00 DP			
02 FC:1504	300.00 DP			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.

10/722,141

11/26/2003

Jeffrey M. WENDLANDT

06530.0272-01000

2752

TITLE OF INVENTION **ENDOSCOPIC VISION SYSTEM**

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	12/23/2005

EXAMINER	ART UNIT	CLASS-SUBLCASS
Tu Ba Hoang	3742	600-173000

1. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Finnegan, Henderson,

2. Farabow, Garrett &

3. Dunner, L.L.P.

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY & STATE OR COUNTRY):

Boston Scientific Scimed, Inc.

Maple Grove, MN

Please check the appropriate assignee category indicated below (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed:

☒ Issue Fee

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(Date)

Elizabeth M. Burke, Reg. No. 38,758

December 14, 2005

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